

BUREAU OF ENVIRONMENTAL HEALTH ASSESSMENT

ID

Telephone Inquiry Report

Date of Call

City/Town (of Concern)

Name of Project/ Health Assessment

Staff Person Logging Call

Name of Caller	
Phone	
Street	
City Town	

Agency/ Affiliation (check one)

- ☐ Resident
☐ Board of Health
☐ MDPH
☐ ATSDR
☐ Unknown

- ☐ DEP
☐ EPA
☐ Legislator: _____
☐ Other: _____

Subject (circle one): AIR WATER SOIL HEALTH

Nature of Request:

Action/Response: (please write additional comments on back or attach sheet if necessary)

Follow up action required? (Y/N)

Date Promised? _____